

**GEORGIA GENERAL ASSEMBLY
ADA GRIEVANCE PROCEDURE - COMPLAINT FORM**

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Email Address: _____

When did the acts that you believe were discriminatory occur?

Date(s): _____

Please describe the act(s) that you believe were discriminatory. Please be specific. Use additional sheets if necessary.

Signature (can be electronic): _____ Date: _____